MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1		1				
2						
3						
4						
5						
6						
7						
8						
9	1					
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21	1					
22		1				
23		1				
24		1				
25		1				
26		1				
27	1					
28		1				
29	1					
30		1				
31		1				
32		1				
33		2				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43	1					
44		1				
45		1				
46		2				
47	1					
48		1				
49		1				
50		1				
TOTAL IND.	7					
TOTAL DEP.	28					
TOTAL CLAIMS	35					

	IND	DEP	IND	DEP	IND	DEP
51	1					
52	1					
53						
54						
55						
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61						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS